

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE  |
|---------------------------|----------|--------|-------|
| FEE DETERMINATION         |          |        |       |
| O.I.P.E. CLASSIFIER       | SW       | 32     | 11/27 |
| FORMALITY REVIEW          |          |        |       |
| RESPONSE FORMALITY REVIEW | W        | 64830  | 15    |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date    |
|----------------|---------|
| Final Original |         |
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| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here